

## FUNERAL DIRECTORS' INTERMENT APPLICATION – IOWA VETERANS CEMETERY

Once the required documents are faxed to our office (including this completed form), you will be contacted by the cemetery staff to confirm a date and time for interment. Interments are held Monday thru Friday (with no State Holidays). Internment times are as follows: 9:30 am, 11:00 am, 12:30 pm, and 2:00 pm. Weekends reserved for KIA only.

Please fax to 515-996-9102:	<input type="checkbox"/> This application	<input type="checkbox"/> Application for eligibility determination
	<input type="checkbox"/> Proof of eligibility (DD214/NGB22)	<input type="checkbox"/> Marriage certificate if spouse to inter later

### DECEDENT INFORMATION

Decedent's Last Name:		First Name:		Middle Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
Date of Birth:	Date of Death:	Social Security #:	<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Address:		City:	State:	County:	Zip:

### INTERMENT INFORMATION

***(Funeral homes are responsible for lowering a privately purchased vault)***

<input type="checkbox"/> Cremated – Columbarium Wall		<input type="checkbox"/> Casketed – IVC Liner		<input type="checkbox"/> Ashes Scattered Elsewhere (Memorial Marker)	
<input type="checkbox"/> Cremated – In Ground		<input type="checkbox"/> Casketed – Private Vault			
Size of Casket: Not to exceed 86" x 29½" x 27¾"			Size of Urn: Niche Opening 10½" w x 14" h x 19" d		
Dimensions: _____ x _____ x _____			Dimensions: _____ x _____ x _____		
Spouse to inter later:	Spouse will be:	Spouse is a veteran:	Proof of eligibility:	Marriage Certificate:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Casketed <input type="checkbox"/> Cremated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Eulogy/Words of remembrance by:				Pallbearers:	
<input type="checkbox"/> Minister <input type="checkbox"/> Chaplain <input type="checkbox"/> Friend <input type="checkbox"/> Family Member <input type="checkbox"/> Family requests none				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### MILITARY FUNERAL HONORS (Veterans Only)

Funeral Home Director has contacted the:					
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Family is not requesting Military Honors					
Funeral Home Director has arranged for firing detail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None requested					
Detail provided by:					

### NEXT-OF-KIN INFORMATION

Last Name:		First Name:		Middle Name:		Date of Birth:	
Address:		City:	State:	County:		Zip:	
Home Phone:		Email Address:					
Cell Phone:							
Relationship to Decedent: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Non Relative							

### FUNERAL HOME INFORMATION

Name of Funeral Home:			Point of Contact:		
Address:		City:	State:	County:	Zip:
Office Phone:		Office Fax:		Contact's Cell:	

- A \$300 fee will be assessed and is due at time of internment if decedent is **not** a veteran.
- The service at Iowa Veterans Cemetery is a **graveside service only**.
- Time in the Committal Shelter is 15 minutes. This includes military honors.